

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ELIZA	OS-03-01	
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	H.L	1079	H.L
RESPONSE FORMALITY REVIEW	CAP	1110	1-20-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1 ✓	✓
2 ✓	✓
3 ✓	✓
4 ✓	✓
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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